

# SOUTH CAROLINA AMBER ALERT INFORMATION FORM

## SOUTH CAROLINA LAW ENFORCEMENT DIVISION

Fax (803) 896-7041 (If problems, call (803) 737-9000) or (800) 322-4453)

**\*IMPORTANT: Do NOT send an AMBER Alert  
if the answer is NO to ANY of these questions.**

<input type="checkbox"/> Does the law enforcement agency believe that the child has been abducted (taken from their environment unlawfully, without authority of law, and without permission from the child's parent or legal guardian)?	<b><u>Reporting Agency Information:</u></b> Name of Reporting Agency: _____
<input type="checkbox"/> If the child is 17 years old or younger, does the law enforcement agency believe the child is in immediate danger of serious bodily harm or death, or if the individual is 18 years old or older, does the law enforcement agency believe the individual is at greater risk for immediate danger of serious bodily harm or death because the individual possesses a proven physical or mental disability?	Name/Title of Reporting Individual: _____
<input type="checkbox"/> Have all other possibilities for the victim's disappearance been reasonably excluded?	Contact Number for Reporting Agency to Publish: _____
<input type="checkbox"/> Is there sufficient information available to disseminate to the public that could assist in locating the victim, suspect, or vehicle used in the abduction?	NCIC Number: _____
<input type="checkbox"/> The child's name and other critical data, including the child abduction (CA) and AMBER Alert (AA) flags have been entered into NCIC.	

Date of Abduction: \_\_\_\_\_ Time of Abduction: \_\_\_\_\_

Last Known Location: \_\_\_\_\_

**VICTIM DATA:** (Please email a photograph of the victim to [odl@sled.sc.gov](mailto:odl@sled.sc.gov), if available)

Victim Name (First/Middle/Last): \_\_\_\_\_

(IF MORE THAN ONE VICTIM, INCLUDE ON ADDITIONAL PAGE WITH SAME INFORMATION)

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Wt: \_\_\_\_\_ Ht: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Eyes: \_\_\_\_\_ Eyewear: \_\_\_\_\_ Hair/Hairstyle: \_\_\_\_\_

Clothing: \_\_\_\_\_

Unique physical characteristics/additional information: \_\_\_\_\_

**SUSPECT DATA:** (Please email photograph of the suspect to [odl@sled.sc.gov](mailto:odl@sled.sc.gov), if available)

Suspect Name (First/Middle/Last): \_\_\_\_\_

(IF MORE THAN ONE SUSPECT, INCLUDE ON ADDITIONAL PAGE WITH SAME INFORMATION)

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Wt: \_\_\_\_\_ Ht: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Eyes: \_\_\_\_\_ Eyewear: \_\_\_\_\_ Hair/Hairstyle: \_\_\_\_\_

Clothing: \_\_\_\_\_

Unique physical characteristics/additional information: \_\_\_\_\_

**VEHICLE DATA:**

Direction of Travel: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Tag: \* \_\_\_\_\_ Description: \_\_\_\_\_

State: \_\_\_\_\_

\* Please make sure tag information is legible.

CREATED BY: \_\_\_\_\_